olih	PAIGN CONTRIBUT	Candida	de Elechy	S REPORT		ate of Nevada
Name (1	ornii) Dosect Inu	11 V 0	ffice (if applicable)		/	District (if applicable)
Mailing ,	Address (include city and zin code)	na L	<u>nasvega</u>	0/109	Telephone No.	2 79/58
E-Mail A	ddress	<u> </u>			<u> </u>	
Select A	Appropriate Box(es) ☐ CANDIDA	E MPAG []BAG □POLPR	Y DINDEXP	PAMENDED (ANNUAL FILING
	Annual Filing - Due	January 15				
	Period: January 1, 2003 - Dece	mber 31, 2003	,		100	FAF
	Report #1 — Due Augu	-4.24 2004			1/0	
Incumbe	nts in an Office with a 4-year term		an. 5, 2001 — Aug 26, 3	2004	10	1/2 2005
ncumbe. All others	nts in an Office with a 6-year term	Period: D	ec. 20, 1998 — Aug 26	, 2004	1 (32)	1 102 2000
	dvocacy Groups (BAGs) only:	Period: Ja Period: D	ın. 1, 2004 - Aug. 26, 2 lec. 5, 2002 - Aug 26, 2	004 2004	등	AN HEILEN
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_	Report #2 Due — Octob		ug. 27, 2004 Oct. 21,	2004	FOR	OFFICE USE ONLY
∀ ′	Report #2 Due 4-			, 2007		
٩	Report #3 Due — Janua	Period: Oc	* ct. 22, 2004 — Dec. 31,	2004		
AGs on	ıly:	Period: Od	ct. 22, 2004 — Dec. 31, ct. 22, 2004 - Dec. 5, 2	2004		
٦	Annual Filing - Due Jar	am. 45 20	05			
-	Period: January 1 2004 – i	December 31	2004			
Third	Report suffices for 2005 An	nual Filing if	candidate also file	ed Report Nos. 1	1 and 2	
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	CONTRIBUTIONS	CHIMANADY				Cumulative
		SUMMARI	fus 4. Kurting		1. 1. 146 4 (21 N. 1. 15	From Beginning of Report Period
					This Period	(#) (through End
						Reporting
1.	Total Monetary Contributions R	eceived in Exce	ess of \$100			Period AS
				-		1177.73
2.	Total Monetary Contributions Re	eceived of \$100	or Less	_	_0_	
			This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period		
3.	Total Amount of Monetary Co.	ntributions		st. 81100 E 1221		•
	Received (Add Lines 1 and 2)				0	110700
4.	Total Value of In Kind Contribution	ons Received in	1 1	_		117 7.13
	Excess of \$100					
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5.	Total Monetary Expenses Paid in	1 Excess of \$10	00			177000
	Total Monetary Expenses Paid of			-		22.00.°0
7.	Total Amount of All Monetary E	y IVV OF LESS xpenses Paid		_	O	10
((Add Lines 5 and 6)				D	2200.00
ð.	Total Value of In Kind Expenses i of \$100	n Excess	ا م	<i>7</i>)		
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ature					Date	<u> </u>
01.doc		Revised: .la	n 04		Date	6

ised: Jan-04

CAMPAIGN CONT			port Period #3
Name (print)	For Candidate Election Office (if applicable)	n (PACE)	Nevada District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH. CONTRIBUTION	GHECK HERE
			· · · · · · · · · · · · · · · · · · ·
	1 1 2 3		
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Expense Categories

CATEGORIES.	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

PAGE 3 OF 6

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Name (print) Office (if applicable) District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A 365	, DATE OF EACH, EXPENSE	AMOUNT OF EACH EXPENSE
_			

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IN KIND CAMPAIG				and the second	. 1 (II a. 20
CONTRIBUTIONS		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	enemieran eta	Report Pe	riod #7
Polity Anton	For Candida	1051	1000		
Name (print)	for landida	Office (if applicable)	on (PAC	[] Ne.	vada
,	`	onice (ii applicable)		Distri	ict (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN

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IN KIND CAMPAIGN EXPENSES	
Political Action	For Candidate Election
Name (print)	Office (if applicable)

Report Period #7

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN-KIND EXPENSE
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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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Revised: Jan-04

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